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ABSTRACT

This profile describes the characteristics of day care providers and federally supported day care settings in Idaho. The report evaluates the quality of care and the impact of the Federal Interagency Day Care Requirements (FIDCR) both from the perspective of the state and local agencies which must administer federal day care dollars and from the perspective of day care operators who must meet federal standards. Statistics are provided on the three major types of licensed or certified day care settings which receive federal funds in Idaho: Day Care Centers, Family and Group Day Care Homes, and In-Home Care settings. The Idaho day care services profile provides data on: (1) the characteristics of children served by day care, (2) the day care services offered (health and psychological, social services, transportation), (3) a description of day care providers (previous education, training, work experience), (4) providers' working conditions (staff/child ratios, training opportunities, working hours and benefits), and (5) parent involvement. It is hoped that this data will provide a baseline for upgrading service in Idaho. A total of 33 tables and charts supplements the text. (CS)

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A PROFILE OF FEDERALLY SUPPORTED DAY CARE IN IDAHO

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION X

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November 15, 1974

Mr. John Crossman, Project Officer
Region X Dept. of Health, Education
and Welfare
Arcade Plaza Building, M.S. 610
1321 Second Avenue
Seattle, WA 98101

Dear Mr. Crossman:

RE: Contract No. RX74-15-HEW, RXDCS Supplement

UNCO, Inc. is pleased to submit these state profiles of Federally supported day care settings, provider characteristics and consumer relations as the second major product of the Region X day care evaluation effort begun in July of 1972. The thirty-three tables included in the profiles for each state were initially presented with Regionally aggregated data in Volume Three of the major study. As a part of the continuing effort to meet the day care needs of the states' citizens with quality day care, these data have been presented for each state as a baseline for upgrading services.

The UNCO project staff would like to express the pleasure it had in working with the staff of the DHEW Region X office and to commend the Regional office approach of maximizing the use of data made available during the initial, expensive data collection effort.

Sincerely,

Elizabeth L. Diffendal

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Manager, Northwest Programs

fm

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A PROFILE OF FEDERALLY SUPPORTED DAY CARE IN IDAHO

1.0 INTRODUCTION

This State profile of Federally supported child care services is another product of the major evaluation of child care in Region X, contracted by the Federal Regional Council in 1972-73. The study evaluated Federally supported child care available in the states of Washington, Oregon, Idaho and Alaska. The quality of care and the impact of the Federal Interagency Day Care Requirements (FIDCR) were examined both from the perspective of the state and local agencies which administer Federal day care dollars, and from the perspective of day care operators who must meet Federal standards. The full three volume report on the study is available through the National Technical Information Services, U.S. Department of Commerce, Springfield, Virginia, 22151. The accession number for Volume One is PB 221 453, Volume Two is PB 221 454, and Volume Three is PB 221 455. The cost is $3.00 per volume and $9.00 for the complete set.

This special profile report is a breakdown, by state, of information which was included for the Region as a whole in Volume Three of the original study. The charts and tables in this report develop a profile of the characteristics of day care providers and of Federally supported day care settings in Idaho.

Several national actions have occurred in the area of day care since the major study was completed in March, 1973:

-- The minimum wage was extended to day care providers, resulting in a cutback or total withdrawal of state and Federal funding for in-home day care by many states due to the increased payments required. An examination of parents' use of in-home care, as displayed in the tables of this profile, reveals potentially serious consumer inconvenience resulting from the loss of this type of care.

-- The national Child Development Associate program has continued to grow and to stimulate discussion on the likely shape of the day care profession in the future. The sections of this profile displaying day care operators' current levels of experience and formal training in child development or early childhood education provide a baseline for understanding the current situation in Idaho.

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-- The debate continues over the competing views of day care as a primary, developmental service to children and an appropriate vehicle for delivering a full range of health and social services versus the more circumscribed view of day care as a secondary or support service to parental employment. The National Office of Child Development is currently contracting for a national day care consumer survey to find out what parents' expectations and preferences are in the area of day care. The data in this state profile preview some of what that national survey may reveal about parent needs and problems.

In Region X, the Federal Regional Council has adopted an action plan to improve the quality of Federally supported day care, based on the recommendations made in the day care evaluation study. As a part of this plan, the Day Care Subcommittee of the Federal Regional Council, which includes representatives of the four states in the Region, has worked with UIICO to develop a monitoring guide for the 1906 FIDCR. The guide is complete, and the Region is beginning a cooperative process with each of the states to develop a state plan for improving Federally supported day care services. The data presented in this profile provide a baseline describing the current state of provider training, parent involvement, and the range of required services which are being provided by operators in Idaho.

It is hoped that as the states in the Region plan for day care services and prepare annual budgets, these data will be useful as empirical backup material.

1.1 DAY CARE SETTINGS

There are three major types of licensed or certified day care settings which receive Federal funds in Idaho--day care centers, family and group day care homes, and care provided in a child's own home or in the home of a relative. The FIDCR describe these types of care as follows:

> Day Care Centers. Any place that receives groups of 13 or more children for day care. It may use subgroups on the basis of age and special need, but provides opportunities for the experience and learning that accompanies a mixing of ages. Centers do not usually attempt to simulate family living. Centers may be established in a variety of places: private dwellings, settlement houses, schools, churches, social centers, public housing units, special facilities.

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Family Day Care Home. An occupied residence in which a person regularly provides day care for six or fewer children including the caregiver's own children and others not related by blood or marriage. It is especially suitable for infants, toddlers, sibling groups and for neighborhood-based day care programs including those for children needing after-school care.

Group Day Care Home. An extended or modified residence in which day care is regularly provided for seven to 12 children including the caregiver's own children and others not related by blood or marriage. It uses one or several employees. It is suitable for children who need before- and after-school care, who do not require a great deal of individual attention and who can profit from considerable association with their peers.

In-Home Care*. Child care services provided in the child's own home, or in another person's home, where all of the children cared for are from one family.

1.1.1 Day Care Centers

Fifteen day care centers serving Federally funded children were randomly selected for study in the State of Idaho. Of these, almost half were proprietary or private, for-profit centers, another quarter were centers which were sponsored by a private, non-profit organization such as a church, a non-profit day care corporation, or a community service agency. Twenty-six percent of the centers were run by public agencies and were funded almost totally with public monies. A subset of these were the Head Start affiliate programs which comprised 13% of the sample (Table 1.1). The Idaho sample included about twice as many private, for-profit centers than were randomly selected in the other states in the Region.

1.1.2 The Effect of Sponsor Type on a Day Care Center Program

The availability of Federal monies for child care has not reduced private-profit operators' costs since they are not eligible for many of the direct Federal reimbursements, grants and other benefits of non-profit status. Private-profit center programs tend to be geared to middle income families whose health, nutritional and educational needs

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*Draft 1972 FIDC Requirements.

TABLE 1.1
GENERAL CHARACTERISTICS OF DAY CARE CENTERS
CURRENTLY RECEIVING FEDERAL FUNDS IN
IDAHO

	Percent of Centers (n=15)
Center Type	
Private profit	47%
Private non-profit	27%
Public	13%
Head Start affiliate	13%
Center Sizes (Licensed Capacity)	
Up to 30 children	53%
31 to 60 children	33%
More than 60 children	13%
City Size	
Area of 2500 or less population	20%
2500 to 50,000	60%
50,000 to 250,000	20%
250,000 plus	0
Location	
Urban residential	40%
Industrial	0
Commercial	7%
Suburban residential	27%
Rural area	27%

Federally Funded Children as Percent of Total Children Enrolled

Percent of Federally Funded Children	Percent of Centers (n=15)
Up to 20%	53%
20 to 39%	13%
40 to 59%	0
60 to 79%	0
80 to 100%	33%

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are different from the lower income families served primarily in more heavily subsidized public programs. Since meeting health and social service needs costs so much, private-profit centers rarely provide any of these support services, and usually must make a number of staffing compromises simply to break even. As Table 1.2 shows, a total of 53% of the day care center facilities sampled in Idaho were owned by the operator or another private party. These are the private, for-profit centers. The Regional profile, which included a larger sample of all sponsor types, revealed that 78% of all private-profit centers paid a considerable rental or mortgage payment for their center each month, while 36% of the non-profit centers and 29% of the public centers operated in donated space. There is no difference in the amount of state payments which the three sponsor types receive per child per day. Therefore, generally, a larger part of a private center's income is spent for facility payments and other overhead costs than in non-profit or public centers.

Since September of 1969, Federal matching funds to cover some start up costs have been available to private, non-profit organizations through amendments to the Social Security Act. Department of Agriculture food reimbursement monies are available to non-profit sponsors, although a large number of them have not begun to take advantage of these sources.

Public centers are sponsored by a variety of public agencies or organizations. Sponsors of public day care centers sampled in Idaho included Community Action Agencies and Migrant Councils. These are not the only centers which receive public funds; however, publicly sponsored programs usually receive most of their funds from state and Federal government and are able to provide a considerably wider range of support services than do private or most non-profit centers.

Partly because of the geographic location of many private centers and because of the upper income limits for enrollment in public centers, center enrollments frequently reflect economic segregation. In Idaho, fewer than 20% of the children in 53% of the centers were Federally subsidized, while in 33% of the centers, more than 80% were Federally subsidized (Table 1.1). The Regional profile reveals that those with fewest Federally-subsidized children are the for-profit centers--60% of private, non-profit centers had fewer than 20% Federally funded children--,while many of the non-profit and public centers served almost all Federally-funded children--27% of the non-profit and 77% of the public centers had enrollments of 80 to 100% Federally-funded children.

TABLE 1.2
FACILITY OWNERSHIP BY SPONSOR TYPE
IDAHO

Owned By	Percent of Centers (n=17)
Religious Organization	33%
Non-profit Community Organization (YMCA, etc.)	7%
Hospital	7%
Housing Authority	0
Other City/County/State Agency	0
Business or Industry	0
Operator Owned	46%
Other Private Party	7%

TABLE 1.3
MONTHLY SPACE LEASE/MORTGAGE ARRANGEMENTS
IDAHO

Lease/Mortgage Arrangement	Percent of Centers (n=17)
Rental/Mortgage Payment Full Cost	33%
Rental/Mortgage Payment Partial Cost	13%
Donated Space	33%
Other	20%

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1.1.3 Day Care Homes

Day care homes probably serve more pre-school children than any other day care arrangements. They also frequently serve the school-age brothers and sisters of these pre-schoolers. In Idaho, the average number of children cared for in a family day care home is three. The Regional average is 3.8 (Table 1.4). Seventy-nine percent of the family day care homes sampled in Idaho were located in areas with 2500 or less population, reflecting the importance of day care homes as a source of care in small towns and rural areas.

1.1.4 In-Home Care

The majority of in-home providers are located by the parents themselves, and frequently are relatives or acquaintances. In-home care may be provided in the child's own home--71% in Idaho--or in the home of the provider--29% in Idaho (Table 1.5). However, the distinguishing feature of in-home care is that the providers care for the children from one family only. The average number of children per in-home caregiver in Idaho is 3.3. The Regional average is 2.6. Ten percent of the in-home settings sampled in Idaho were in areas with fewer than 2500 people. A rather low proportion compared with the Regional average, 33%.

1.2 CHARACTERISTICS OF CHILDREN SERVED IN CENTERS, HOMES AND IN-HOME CARE SETTINGS

1.2.1 Children Served by Centers

The largest number of children in any one age group served by the centers sampled in Idaho are children from three years old through enrollment in the first grade. Seventy-nine percent of all children in day care centers were in this age group (Table 1.6). Very few infants and school-age children receive center care in Idaho, or in any state in the Region. Although one of the 15 centers sampled in Idaho served at least one infant (Table 1.7), infants made up only 3% of the total population of all of the centers. Six of the 15 centers served at least one school-aged child, but children six and over made up only 6% of the total centers' population.

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TABLE 1.4
GENERAL CHARACTERISTICS OF FAMILY DAY CARE HOMES
RECEIVING FEDERAL FUNDS IN
IDAHO

Size (Licensed Capacity)	
Average number of children per home	3
City Size	
Up to 2500	79%
2500 to 50,000	0
50,000 to 250,000	21%
250,000 or more	0
Total children in care in 28 homes	85

TABLE 1.5
GENERAL CHARACTERISTICS OF IN-HOME CARE SERVICES
RECEIVING FEDERAL FUNDS IN
IDAHO

Size	
Average number of children per home	3.3
City Size of Location	
Up to 2500	10%
2500 to 50,000	45%
50,000 to 250,000	18%
250,000 or more	27%
Place Care is Provided	
Child's home	71%
Provider's home	29%
Total children in care in 21 homes	69

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TABLE 1.6
ACTUAL NUMBER AND PERCENT OF CHILDREN IN CARE
BY
AGE GROUP AND TYPE OF CARE SAMPLED

Age of Children in Care	Centers (n=15)		Family Day Care (n=28)		In-Home (n=21)		Total Number of Children in Care By Age
	No.	Percent	No.	Percent	No.	Percent	
Infants (0-18 months)	17	3%	16	19%	7	10%	40
Toddlers (19-35 months)	67	12%	23	27%	9	13%	99
Pre-school (3 years-1st grade)	453	79%	28	33%	23	33%	504
School age (1st grade-14 years)	33	6%	18	21%	30	44%	81
TOTAL	570	100%	85	100%	69	100%	724

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TABLE 1.7
PERCENT OF CHILD CARE FACILITIES WHICH CURRENTLY ENROLL INFANTS, TODDLERS, PRE-SCHOOL AND SCHOOL-AGE CHILDREN

Age of Children in Care	Percent of Providers Who Care for One or More Children in the Age Group		
	Centers (n=15)	Family Day Care (n=28)	In-Home Care (n=20)
Infants (0-18 months)	7%	46%	25%
Toddlers (19-35 months)	60%	54%	40%
Pre-school (3 years-1st grade)	93%	61%	70%
School age (1st grade-14 years)	40%	29%	40%

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Another category of children who rarely are cared for in day care centers are the physically handicapped or emotionally disturbed. Two percent of all children in the day care centers sampled in Idaho had a physical handicap, while 1% were described as emotionally disturbed by center directors (Table 1.8). This closely reflects the Regional average for centers. Five of the day care centers sampled in Idaho served a physically handicapped child, while four served at least one child with an emotional disturbance (Table 1.9).

The children of migrant farm workers and other bilingual children are served in slightly larger proportion in Idaho's day care centers than the Regional average. Ten percent of the children in the centers sampled were from migrant farm workers' families, as compared with 7% in the Region as a whole (Table 1.8). The children of migrant workers appeared almost entirely in special migrant centers supported with public funds. Bilingual children or children who spoke only a foreign language were found in 27% of the centers (Table 1.9), and composed 10% of the total center population sampled, as compared with 5% of the center population of the Region as a whole. Again, this primarily reflects the migrant centers.

1.2.2 Children Served in Family Day Care Homes

The 28 family day care homes sampled in Idaho served a larger proportion of infants, toddlers and school-aged children than did Idaho centers. Nineteen percent of the population of family day care homes were infants under 18 months old (Table 1.6), considerably higher than the Regional average of 9%. Given the current interest in infant care and some of the empirical results which have come from research, the care setting which meets an infant's developmental needs best should have a small group of children of various ages. In addition, the staff should provide stable (low turnover), warm, one-to-one relationships with the infants. In general, day care homes offer more good infant care features than centers and certainly at less expense than centers. At a one-to-four staff ratio, experts estimate the cost of infant center care at $2500 per child per year.

Toddlers, aged 19 to 35 months old, comprise 27% of Idaho's day care home population (Table 1.6), slightly more than the Regional average of 25% for homes. The family day care setting provides care for a larger proportion of toddlers than any of the other care settings both in Idaho and in the Region as a whole.

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TABLE 1.8
ACTUAL NUMBER AND PERCENT OF TOTAL CHILDREN IN CARE WHO HAVE SPECIAL NEEDS, BY TYPE OF SETTING

Special Interest Type	Centers (n=570)		Family Day Care Homes (n=85)	
	No.	Percent	No.	Percent
Physically handicapped	10	2%	1	1%
Emotionally disturbed	4	1%	2	2%
Migrant farm workers	56	10%	0	0
Bilingual or foreign language speaking children	57	10%	0	0
TOTAL	127	23%	3	3%

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TABLE 1.9
PERCENT OF SAMPLED CHILD CARE FACILITIES, OTHER THAN IN-HOME, WHICH CURRENTLY ENROLL CHILDREN WITH SPECIAL NEEDS

Special Interest Type	Percent of Providers Who Care for One or More Children With Special Needs	
	Centers (n=15)	Family Day Care (n=28)
Physically handicapped	33%	3%
Emotionally disturbed	27%	7%
Migrant farm workers	27%	0
Bilingual or foreign language speaking children	27%	0

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Children aged three years to enrollment in the first grade comprised 33% of the family day care home population--47% less than their representation in centers (Table 1.6). School-age children accounted for 21% of the population of family day care homes, slightly less than their 28% representation in the Region as a whole (Table 1.6). The primary difference between the population served in centers and that served by family day care homes is the much greater proportion of school-age children served in the homes--21% as compared with 6% served in centers. This proportion is roughly the same in all of the states except Alaska were about 20% of the centers' population are school-aged children. As discussed earlier, family day care providers frequently care for the school-aged siblings of pre-schoolers in care. They are often located near the children's homes and offer a convenient, home-like setting for before- and after-school care of young school-age children.

The percent of physically handicapped and emotionally disturbed children in Idaho's family day care homes is even lower than their representation in the centers. Only 1% of the 85 children in the homes sampled had a physical handicap, while only 2% of these children were identified as having an emotional disturbance (Table 1.8). The representation of these children in homes in the other states is in the same proportion.

In the 28 family day care homes there was not one child from a migrant farm worker family and no children were bilingual or spoke a foreign language, reflecting the small Regional average for family day care homes (Table 1.8).

1.2.3 Children Served in In-home Care Settings

In the 21 in-home care settings sampled in Idaho, the largest population of children in care were school-aged children. Forty-four percent of all children in in-home care were school aged (Table 1.6). This same predominance of school-aged children was found in the rest of the Region. The number of infants cared for in-home in Idaho (10%) was slightly fewer than the average for the Region (11%).

Toddlers, aged 19 to 35 months, made up 13% of the in-home population (Table 1.6), near the Regional average. Fewer toddlers were cared for in in-home settings than in family day care in all of the states of Region X.

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Thirty-three percent of the children in care in in-home settings in Idaho are between the ages of three and enrollment in the first grade; again, less than one-half of the proportion of this age group that is found in center care (Table 1.6).

In conclusion, the profile of day care use by children of various ages in Idaho is as follows:

-- Family day care homes provide a larger proportion of care for infants and toddlers than any other day care setting.

-- Day care center populations have about twice the proportion of children aged three to enrollment in the first grade than either form of home care.

-- In-home settings provide a larger proportion of care for school-aged children than either family day care homes or centers.

1.3 SERVICES OFFERED BY CENTERS, HOMES AND IN-HOME PROVIDERS

No one setting or program can meet all of the child care needs of individuals in Idaho. Care needs vary with the economic and work situation of parents and with the physical and psychological needs of individual children. There are special care needs of handicapped or ill children, seasonal, extended-hour needs of agricultural or cannery workers, and needs for supervision of school-aged children.

1.3.1 Day Care Centers

Of the 15 centers sampled in Idaho, 93% offer full day care for children (Table 1.10). Since full day center hours are tailored primarily to parents' daytime work schedules, 86% of the centers open before 8:00 a.m. and 87% of them close at 5:00 p.m. or later (Table 1.11). Only 7% of the centers are open in the evening until 9:00 p.m., 7% offer overnight care and two centers offer care on weekends and on holidays. For the most part, those parents with evening or night employment, or jobs which require them to work on weekends or holidays, do not have center care available as a satisfactory day care option.

Forty-seven percent of the 15 centers sampled offer drop-in care (Table 1.10). Idaho centers offer drop-in care in about

The same proportion as Alaska and Oregon centers, in contrast to the Washington centers sampled which offer no drop-in care. This type of unpredictable care is particularly hard for centers to support since their staffing depends on the number of children present at any one time and since their monthly overhead expenses for the facilities remain the same, despite the number of children who are served. Therefore, in order to maximize the use of center space and staff, many centers will accept only full or regular, half-time children.

None of the centers in Idaho or in the Region as a whole, accept ill children for care. This means that working parents whose child becomes ill must either make other arrangements or remain home from work (Table 1.10).

1.3.2 Family Day Care Homes

Ninety-six percent of the 28 family day care homes sampled in Idaho offer full day care for children (Table 1.11). Many family day care homes offer care at different hours than do centers. Forty-three percent of the family day care homes open for care at 8:00 a.m. or later and 14% provide evening care. Twenty-four percent of the homes offer overnight care; 33% occasionally provide weekend care; 7% regularly provide weekend care and 7% provide care on holidays. Therefore, the family day care setting can and does accommodate a much wider range of parent working hours than does the center.

Twenty-one percent of family day care providers in the Idaho sample offer drop-in care for parents with unpredictable or irregular needs for care (Table 1.11). This is a lower percentage of homes than the Regional average of 32%.

A striking and important difference for working parents between center and family day care home service features is the 68% of family day care providers who offer care for ill children in contrast to none of the centers (Table 1.11). This feature means that for most routine childhood illnesses, the working parent(s) can depend upon the regular day care situation to provide care for the child.

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TABLE 1.10
COMPARISON OF SERVICE FEATURES OF
THE MAJOR TYPES OF CARE

Types of Care Offered	Percent of Federally Funded Settings Sampled Which Offer the Care		
	Centers (n=15)	Family Day Care Homes (n=28)	In-Home Care (n=20)
Full Day	93%	96%	*
Half Day	73%	50%	*
Drop-In	47%	21%	*
Before School	53%	25%	*
After School	53%	39%	*
Overnight	7%	0	10%
Weekends			
Occasionally	0	33%	38%
Regularly	13%	7%	5%
Ill Children	0	68%	Always
Evenings	7%	14%	24%
Holidays	13%	7%	48%

*All types offered, depending on age of children and parent situation.

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TABLE 1.11
ACTUAL HOURS THAT EACH TYPE OF DAY CARE SETTING IS OPEN TO CARE FOR CHILDREN

Hours	Centers (n=15)	Family Day Care Homes (n=26)	In-Home Care (n=20)
Time Facility Opens:			
Before 6:00 a.m.	0	0	5%
6:00 - 6:45	40%	11%	5%
7:00 - 7:45	46%	46%	25%
8:00 - 8:45	7%	35%	45%
9:00 a.m. & after	7%	8%	20%
Total	100%	100%	100%
Time Facility Closes:			
Before 4:00 p.m.	6%	12%	19%
4:00 - 4:45	0	15%	14%
5:00 - 5:45	33%	42%	33%
6:00 - 6:45	47%	23%	0
7:00 - 7:45	0	8%	5
8:00 - 9:00	7%	0	19%
Overnight Care	7%	0	10%
Total	100%	100%	100%

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1.3.3 In-Home Care

In-home providers in Idaho offer care at all hours under a variety of arrangements for the children of one family. The hours during which they provide care reflect a wide range of parent work and training schedules. Twenty percent of the 20 in-home providers sampled in Idaho begin work at 9:00 a.m. or later and 19% finish work before 4:00 p.m. (Table 1.12). Twenty-four percent of the in-home providers provide care during the evening and 10% offer overnight care--the highest proportion of any other type of care. The in-home setting is, of course, the most convenient for overnight care since the children usually can stay in their own home and in their own beds.

Forty-three percent of the in-home providers either regularly or occasionally provide care on weekends, somewhat less than the Regional average of 52%. Like family day care, in-home care provides a great deal more flexibility than center care. All in-home providers interviewed said that they provide care for ill children, and 48% provide care on holidays--the largest proportion for any type of care.

1.4 OTHER SERVICES OFFERED BY CENTERS

1.4.1 Health and Psychological Services

Although Table 1.12 indicates that a variety of health and psychological services are provided by Idaho's day care centers, it would be more accurate to say that the centers arrange for the provision of most of the services. For example, no private or public center provides emergency care other than basic first aid, but 60% of the centers have specific, pre-planned arrangements for a child to be taken to a source of emergency care. Some public or Head Start affiliated centers may pay for this emergency care for low income enrollees. In those instances where preventive and diagnostic services are offered, the center rarely pays for the services, but arranges for a public health nurse, private volunteer or staff member to provide the services. Dental, psychiatric or medical care which involves unpredictable and unfixed costs cannot be built into a program which operates only on reasonable parent fees. The Regional profile revealed that with few exceptions, private-profit day care centers did not arrange for any health care other than emergency care. The centers which arranged for diagnostic and preventive

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TABLE 1.12
HEALTH AND PSYCHOLOGICAL SERVICES PROVIDED BY DAY CARE CENTERS RECEIVING FEDERAL FUNDS

Type of Service	Percent of Centers Providing the Services (n=15)
General Physical Checkup	27%
Diagnostic Testing (e.g. hearing, sight)	40%
Innoculations & Immunizations	27%
Emergency Care	60%
Other Medical Treatment	20%
Psychological Assessment	13%
Dental Examination	33%
Dental Treatment	33%
Psychiatric Care	7%

services and paid for some treatment were exclusively public and private, non-profit centers which had considerable public funding in addition to the state per capita day care fees. In general, also, these centers are more closely tied to other community services such as community clinics, community mental health centers, etc. than are the private centers.

1.4.2 Social Services to the Family

Only 7% of the Idaho centers--the Regional average--had a part-time social worker to provide services to the families of children in care (Table 1.13). In 33% of the centers, the center director had responsibility for whatever social work services were provided which, in most instances, consisted mainly of referring parents to other community resources which they may need. Sixty-seven percent of the centers serving Federally funded children (slightly higher than the Regional average of 62%) provided such referrals to parents of children with behavioral or learning problems. Fifty-three percent of the center directors said that they had not assigned anyone on staff a responsibility for social services. The Regional profile revealed that private, for-profit center directors generally felt that they were not responsible for the provision of social services as a part of the normal responsibilities of providing child care. The majority of centers which had a part-time social worker in the Region as a whole were public centers, most frequently Head Start affiliates.

Each center director was asked what he/she thought a day care center's responsibility should be regarding social services for families of the children in care. The following were a few of the responses from Idaho directors:

> "Not too much--we should not take all responsibility from the parent." (Private, for-profit center)
>
> "Encourage them to seek help from the proper agency." (Private, non-profit center)
>
> "Should be involved in referral, but limited to things close at hand. Otherwise we would spread ourselves too thin." (Public, Head Start affiliate)

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TABLE 1.13
RESPONSIBILITY FOR SOCIAL SERVICES
IN DAY CARE CENTERS

	Centers (n=15)
Center Director	33%
Part-time Social Worker	7%
Other	7%
No formal responsibility assigned	53%
Percent of centers which provide referral services to parents whose children may have behavioral or learning problems which require professional attention.	67%

TABLE 1.14
PERCENT OF CENTERS WHICH PROVIDE TRANSPORTATION
TO AND FROM THE CHILD'S HOME OR SCHOOL

	Centers (n=15)
Center provides transportation for all enrolled children.	7%
Center provides transportation for those who need it.	7%

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As these statements reveal, the philosophy of the sponsoring agency or group toward social services is strongly reflected in the day care centers which they operate. In general, churches, YWCA's and special Federal programs (such as Community Action Agencies) feel more responsibility for providing social work services than other non-profit day care corporations or profit centers.

1.4.3 Transportation

As is shown on Table 1.14, 7% of the centers sampled in Idaho regularly provide transportation to and from the center. This is a smaller proportion than the 10% Regional average. The Regional profile revealed that the transportation which was provided was almost always provided by Head Start affiliates and other publicly-funded centers.

In conclusion, in Idaho and the Region as a whole, the only centers which can afford to provide what would be called comprehensive services to children, such as health, social and psychological services and transportation, are those which operate on something more than reasonable parent fees--public and private, non-profit centers. In addition, it is the latter centers which take a greater responsibility for arranging for these services which are available at little or no cost in the community through some other Federal, state or local programs.

1.5 A DESCRIPTION OF IDAHO'S DAY CARE PROVIDERS

Providing child care requires an enormous amount of energy and effort. Creating an atmosphere which fosters the growth and security of children eight to 14 hours a day, five days a week, can be physically and emotionally strenuous, though rewarding. It is of interest to look at the characteristics of the considerable number of women and the few men who have chosen to provide care for children as an occupation. As an introduction, Tables 1.15, 1.16, 1.17 display Idaho provider's ages, the number of men and women working in day care, and the years they have been working in the field.

As Table 1.15 shows, different care settings attract different age groups. Interestingly, Idaho has a slightly different provider age profile than the rest of the states in the Region.

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TABLE 1.15
AGE OF CHILD CARE PROVIDERS

Age Groups	Center Staff (n=128)	Family Day Care Providers (n=28)	In-Home Care (n=21)
Under 18	0	0	19%
18-25	28%	25%	33%
26-34	33%	32%	24%
35-44	13%	18%	14%
45-54	12%	4%	0
55-64	14%	18%	0
65 years or older	0	3%	10%
Total	100%	100%	100%

TABLE 1.16
SEX OF CHILD CARE PROVIDERS

Sex	Center Staff (n=113)	Family Day Care Providers (n=28)	In-Home Provider (n=21)
Women	93%	100%	100%
Men	7%	0	0

TABLE 1.17
LENGTH OF TIME WORKING IN THE FIELD OF DAY CARE

Time in the Field	Center Directors (n=15)	Family Day Care Providers (n=28)	In-Home Provider (n=21)
Less than one year	7%	39%	52%
One to two years	13%	18%	33%
Two to five years	47%	32%	10%
Five to ten years	20%	4%	0
More than ten years	13%	4%	5%
Total	100%	97%	100%

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In Washington, Oregon and Alaska, almost three times as many center staff members and in-home providers are 25 years old or younger than are family day care providers, who typically are between the ages of 26 and 44. In Idaho, center staffs tend to be slightly older than the Regional average, and family day care providers are slightly younger.

Twenty-eight percent of center staffs are 25 years old or younger as compared with a Regional average of 43%. Fifty-two percent of the in-home providers are 25 and younger, higher than the Regional average of 43%. More of Idaho's family day care providers (25%) are 25 or younger, than the Regional average of 14%.

Day care is almost exclusively a woman's occupation in Idaho and across the Region (Table 1.16). Only 7% of all center staffs sampled in Idaho and only 11% in the Region as a whole, are men. No family or in-home providers in Idaho were men, and only one man provides in-home care in the Region. This reflects the traditional low status of child care as an occupation for men. In addition, the income derived from child care is quite low for household heads, although women who are heads of households work in the field.

About 33% of the center directors surveyed in Idaho have been working in their field of day care for five years or longer, and another 47% have been in the field from two to five years (Table 1.17). Twenty percent of the center directors have worked in day care for two years or less, a slightly lower proportion than the Regional average of 29%. Those directors with the longest experience in the field are primarily the operators of the oldest form of day care, the private, for-profit centers, which they have operated for several years.

Fifty-seven percent of the family day care providers and 85% of the in-home providers sampled in Idaho have worked as day care providers for less than two years (Table 1.17). This is near the Regional average proportion of providers in each of the categories--56% of family day care providers and 88% of in-home providers Regionally have worked in day care for two years or less.

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1.5.1 Factors in Caregiver Selection: Previous Education, Training, and Work Experience

Although it is common for centers to select staff on the basis of their formal educational qualifications, the national study by Abt Associates* found no correlation between formal education of staff and the "warmth" of the centers. This finding does not suggest that formal training has no impact on a day care center program; rather, that formal training is not a sufficient index to predict a "warm" center atmosphere. Findings such as these have influenced the current emphasis on competency-based training such as is offered in Child Development Associate programs.

Unlike the center staff selection process, the state procedures for licensing or certifying family and in-home day care providers do not involve screening on the basis of educational background, but rather, the provision of references who confirm a provider's competence to care for children.

Twenty-seven percent of Idaho's center directors had an undergraduate degree and another 20% had Master's degrees, in contrast with the family and in-home provider's population which included no one with a formal college degree. A smaller proportion of Idaho's center directors had college degrees (47%) than the average for the Region as a whole (61%).

Paralleling the national profile of center director education described by M. D. Keyserling, public and private, non-profit center directors were more likely to have one or more academic degrees than directors of private-profit centers.** Interesting also is the variety of academic backgrounds represented in the sample (Table 1.20). Of the center directors interviewed in Idaho, 13% had a Bachelor's Degree in either Child Development or Elementary Education. Another 6% had a two-year Associate Degree in Early Childhood Education. The proportion of Idaho center directors with academic backgrounds related to Early Childhood Education is smaller than the average for the Region--35%.

Table 1.19 displays responses by family and in-home providers as to the informal training they have had for working with

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*A Study of Child Care, 1971-72, Abt Associates, 55 Wheeler St., Cambridge, Mass., April, 1971.

**Mary Dublin Keyserling, Windows on Day Care (NY: National Council of Jewish Women), 1972, p. 95.

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TABLE 1.18
FORMAL EDUCATIONAL BACKGROUND
OF PROVIDERS RESPONSIBLE FOR CHILD CARE
PROGRAMS

Years in School	Center Directors (n=15)	Family Day Care Providers (n=28)	In-Home Provider (n=21)
Less than twelve years	7%	32%	48%
High school graduate/ GED	20%	36%	33%
Some college or vocational education	20%	32%	19%
Two year degree/AA	7%	0	0
College graduate	27%	0	0
Master's degree	20%	0	0
Other	0	0	0

TABLE 1.19
PERCENT OF HOME CARE PROVIDERS
WITH TRAINING RELATED TO WORKING WITH CHILDREN,
AND THE SOURCE OF TRAINING

Training	Family Day Care Providers (n=28)	In-Home Provider (n=21)
Yes, have had training	21%	43%
Training Source:		
In School	29%	44%
Church	14%	11%
Scouts/4H	29%	0
Other special child development classes	17%	11%
By being a mother	0	11%
Other	11%	22%

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TABLE 1.20
A PROFILE OF SAMPLED CENTER DIRECTORS' FORMAL EDUCATIONAL BACKGROUNDS IN IDAHO

Center Directors' Degree/Major	(n=15)
Master's Degree	
Spanish	1
Child Development	1
Special Education	1
Bachelor's Degree	
Secondary Education	3
Elementary Education	1
Associate/2 yr. Degree	
Early Childhood Education	1
Some College	3
High School/GED	3
Less Than High School	1

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children. Twenty-one percent of the family day care providers and 43% of the in-home caregivers said that they have had some training or experience related to working with children either in school, church, through Scouts, or 4-H, other special child development classes or experience with their own children. This roughly parallels the Regional average for in-home caregivers (45%) and is considerably lower than the average for family day care providers (43%).

At present the majority of home caregivers are women who do not have much experience in other occupations. They do not have the formal education to prepare them for other occupations (Table 1.18), and in many instances, they have not recently worked outside of the home (Table 1.21). Many of the family day care providers expressed a lack of confidence to work in other occupations outside of the home because of their lack of prior experience. Most of the family day care providers seemed secure in providing care for children and many preferred to stay home and take care of their own children. Providing day care in their homes made it possible to have a small income while staying home with their own children. The greater satisfaction of family day care providers with their occupation than in-home caregivers reflects this preference. Nineteen percent of Idaho's family day care providers sampled said they would rather be doing something other than providing child care, while 24% of the in-home caregivers would prefer to be doing something else. This is the Regional average for family day care providers and slightly lower than the Regional average, 31%, for in-home providers.

Table 1.22 displays the major reasons given by the providers in the various settings for undertaking child care as an occupation. The majority of center directors entered care by taking another job in a day care center and becoming interested in providing center care as a profession. Family day care providers expressed a variety of reasons, among which were reasons relating to the need for care and companions for their own children. In-home providers, on the other hand, began providing care as a favor for a friend or relative, because they liked to work with children and, primarily, because they needed the income. Many in-home providers are women who have been out of high school for only a short while and have not been able to find another type of job. Another major category are the parents or other relatives of the parent seeking care who have agreed to provide care as a favor. Neither looks to in-home care as a permanent source of employment.

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TABLE 1.21
HOME CARE PROVIDERS' PREVIOUS JOB EXPERIENCE AND ATTITUDES ABOUT PROVIDING CHILD CARE

Would you rather be doing something other than providing child care?

	Family Day Care Homes		In-Home Providers
Yes	19%	Yes	24%

What were you doing before you began operating a day care home or providing in-home care?

	Family Day Care Homes	In-Home Providers
Working	30%	40%
Unemployed	70%	60%*

*20% were in school/training.

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TABLE 1.22
HOW PROVIDERS ENTERED CHILD CARE

Major Reason For Choosing to be a Child Care Provider	Center Directors (n=15)	Family Child Care Providers (n=28)	In-Home Provider (n=119)
College preparation	27%	--	--
Took a job in a center and liked it	33%	--	--
Like to work with children	7%	43%	29%
Referred to a vacant position	20%	--	--
Needed care for my own children	7%	32%	--
Needed the income	--	39%	48%
Wanted companions for my own children	--	18%	--
Did it as a favor for a friend or relative	--	14%	5%

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1.6 PROVIDERS' WORKING CONDITIONS

1.6.1 Staff/Child Ratios

The 1971 study by Abt Associates of exemplary child care programs, concluded that staff/child ratios provide a key indicator of the "warmth" of the center.* The Abt study noted that centers that had lower ratios of staff to children, e.g., 1:3 to 1:5, provided a "warmer" atmosphere of interaction than those with higher ratios. This finding is corroborated by the work of Elizabeth Prescott** and June Solnit Sale*** in the family day care situation. Sale finds that three to five, depending on the family day care provider, is evidently the optimal number of children, particularly when one or more is an infant or toddler. Above that, the individual child gets lost in the shuffle and below it, he may receive too little stimulation. Sale also makes an interesting point, which UNCO's field experience confirms, namely that most of the family day care providers are aware of their own limitations and are self-regulatory in the number of children they care for. This may result in their caring for fewer children than they are licensed for, or feeling frustrated by their licensed limitation on the number of children for which they can provide care.

TABLE 1.23
AVERAGE STAFF/CHILD RATIOS IN IDAHO DAY CARE SETTINGS

	Centers	Family Day Care Homes	In-home Care
Average ratio of adult/children	1:10	1:3	1:3.3

*Abt Associates, Op. Cit.

**Prescott, E. and E. Jones. An Institutional Analysis of Day Care Programs, Part II, Group Day Care: The Growth of an Institution, (Pasadena, Calif.: Pacific Oaks College, 1970).

***Sale, June Solnit. Open the Door...See the People, (Pasadena, Calif.: Pacific Oaks College, 1972) p. 24.

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If Abt, Sale and Prescott are right, then the family and in-home day care settings in Idaho more frequently provide the optimal staff/child ratio than does the typically higher ratio center setting.

1.6.2 In-service Training Opportunities for Providers

Recent studies report that formal training is not necessarily a good index of a caregiver's potential or competence. One study noted that informal measures of interest and socially agreeable personality traits assessed by interviews appeared more promising.* In the Pacific Oaks project, they found the trait, "eagerness to learn", to be more valuable than "formal training" in helping family care providers provide quality care.**

A provider's willingness to learn is not enough to assure quality care, there must be opportunities available where learning can take place. The experience of the Massachusetts Early Education Project suggests that the availability of a good in-service training program is at least as important as the staff's formal educational background.

> "In child care, it seems to be important for staff to have opportunities to share and reflect on their experiences in the center together; to learn new activities, and to find answers to their questions about the children."***

If, indeed, the availability of opportunities for caregivers to share their experiences on a regular basis is an important element in assuring quality care, then family day care and in-home providers are categorically at a disadvantage in Idaho due to their isolation from other persons providing child care and their lack of ongoing in-service help.

In the Idaho centers sampled, 20% of the directors said that they have formal in-service training for their staff members, about 16% fewer centers than the Regional average (Table 1.24).

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*Codori, Carol, and John Cowles, "The Problem of Selecting Adults for a Child Care Training Program: A Descriptive and Methodological Study", Child Care Quarterly, Vol.1, No.1, Fall, 1971, pp. 47-55.

**Sales, Op. Cit., p. 13.

***"Child Care in Massachusetts: The Public Responsibility", Massachusetts Early Education Project, Richard Rowe, 1972. Reprinted by DCCDCA, p. 52.

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TABLE 1.24
ON-THE-JOB SUPPORT AVAILABLE TO DAY CARE CENTER STAFFS

	Centers (n=15)
Center Director is a person with a college level specialty in early childhood education, child development, or child psychology.	13%
Center has in-service training program for caregiver staff:	
Formal in-service training	20%
Informal in-service training	60%
TOTAL:	80%
Frequency of center staff meetings:	
At least once a week	57%
Every two weeks	7%
Monthly	0
Unscheduled	36%
General staff meetings not held	0
TOTAL:	100%
Other outside training is offered to staff (e.g., consultants, workshops, etc.).	54%
Agency which administers Federal funds has offered staff training.	21%
Center staff has paid leave for staff training outside the center.	40%
Staff members are given first aid training:	
Yes, all staff	29%
Yes, selected staff	14%

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The Regional profile revealed that most of the formal, in-service programs were conducted by public (57%) and private, non-profit (47%) centers rather than private, for-profit centers (9%).

Fifty-seven percent of the centers hold staff meetings at least once a week and 54% of the Idaho center directors said that their staffs had available to them other outside training such as workshops and special consultants--a considerably lower percentage than the Regional average of 69%.

Twenty-one percent of center operators in Idaho said that the agency which administers the Federal funds has offered some staff training, as compared with an average of 25% for the other three states in the Region.

1.6.3 Working Hours and Benefits

The hours which day care providers work, particularly the home care providers, is a subject which deserves considerably more attention than it has received. In centers it is possible to try out different staffing patterns and ways of grouping children or supplement staff. Staff in centers may be scheduled so that they have some time to themselves each day or have an opportunity to participate in staff meetings, training or activity planning sessions. In in-home care and family day care home situations, it is rare that a provider has anyone nearby to relieve her/him when the provider needs time to her/himself or wishes to improve skills through training. Further, while center staff can arrange schedules to avoid overly long days, Idaho in-home and family day care providers' typical day and unrelieved schedule averages at least nine or 10 hours per day for five or more days per week (Table 1.25).

TABLE 1.25
AVERAGE NUMBER OF HOURS PER DAY THAT CAREGIVERS PROVIDE CARE FOR CHILDREN

Centers	Family Day Care Homes	In-Home Care
11	10	9

Although day care center staff, except most center directors, work eight hours a day or less, the salaries and fringe benefits which they receive are considerably less than those of teachers in public systems. The average benefits received by day care center staffs in the sampled Idaho centers are displayed in Table 1.26. Fifty-three percent of the employees

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TABLE 1.26
EMPLOYEE BENEFITS

	Percent of Centers Whose Employees Receive Benefits (n=15)
Workman's Compensation	73%
State Unemployment Insurance	87%
Health Insurance	47%
Life Insurance	13%
Retirement Program	13%
Paid Vacation	53%
Paid Sick Leave	53%
Paid Leave for Staff Training	40%
Tuition Assistance	18%

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in Idaho centers sampled have paid vacation and just 53% have paid sick leave. This is comparable with the Regional average. The Regional profile revealed that employee benefits were better in public and private, non-profit centers receiving public money than in private, for-profit or non-subsidized, non-profit centers. In the Region as a whole 79% of the public center employees, 58% of the private, non-profit center employees and 39% of the private, for-profit center employees got a vacation with pay. Again, Regionally, 79% of the public center employees, 69% of the private, non-profit center employees and 30% of the private, for-profit center employees receive paid sick leave.

1.7 PARENT INVOLVEMENT IN IDAHO DAY CARE

1.7.1 Day Care Centers

Given the large number of children served in a day care center--from 12 to more than 100--it is more difficult for center staff and parents to maintain the informal relationships which characterize the home care settings. Tables 1.27 and 1.28 profile parent relations with centers. Thirty-three percent of the centers have a parent council or advisory board--near the 38% Regional average. The primary function of all of these advisory groups is setting policy.

Informal conferences with parents either at pick-up or drop-off time as is requested by the parent or caregiver are the major ways that regular communication with parents is maintained (Table 1.28). Eighty percent of the centers permit parents to visit and observe their children in care; 33% have parents as staff and 53% use parent volunteers. The Regional profile revealed that public centers, which frequently have parent involvement guidelines, involve parents formally--in advisory boards, as staff--considerably more than private, for-profit centers.

Many day care centers have problems which stem from their financial situation. These problems may strain parent/center relations. The Idaho centers listed their three major operating problems as "inadequate or limited resources", 50%; "staff problems", 50%; and "inadequate facility or equipment", 33% (Table 1.29). These problems occur Regionally in slightly different proportions--"inadequate or limited resources", 60%; "staff problems", 57%; and "inadequate facility or equipment", 23%.

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TABLE 1.27
A PROFILE OF CHILD CARE CENTER RELATIONS WITH PARENTS

Percent of Centers With Federally Funded Children Which Have Formal Parent Involvement

	Centers (n=15)
Parent Council/Advisory Group	33%
Parents on Center or Agency Board	33%
Parents Hired as Staff	33%
Parent Volunteers	53%
No Formal Parent Involvement	40%

Functions of Parent Advisory Groups in Centers Which Have Them

	Percent of Advisory Groups
Screen and Hire Center Director	27%
Screen Other Staff Applicants	20%
Advise Staff in Program Planning	27%
Provide Volunteers, Supplies, etc. to Center	33%
Periodically Evaluate Center Program	33%
Review and Approve Applications for Federal Funds	20%
Review Parent Grievances	13%
Organize/Sponsor Training for Parents	13%
Set Center Policy	100%

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TABLE 1.28
CENTER RELATIONS WITH PARENTS (contd.)

Parent Conferences
(n=15)

	Percent of Centers
Informal/Unplanned (i.e., at pick-up or drop-off time)	60%
Formal Group Conference - less than one/month	13%
Formal Group Conference - at least one/month	7%
Individual Parent Conference - less than one/month	13%
Individual Parent Conference - at least one/month	7%
Individual Parent Conferences as requested by parent or caregiver	60%

Informal Parent Involvement
(n=15)

	Percent of Center Directors Responding "Yes"
Are parents encouraged to visit, observe, and participate in care at center?	80%
Is there a bulletin board or newsletter to inform parents of center schedule, program changes, etc.?	60%
Is there a suggestion box or other mechanism available to parents to make suggestions, etc.?	27%
Do you have outside social contacts with some of the parents of children enrolled in the center?	53%
Can you think of any specific changes that have occurred as a result of parent involvement?	31%
Do you have any written parent grievance procedure?	0

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TABLE 1.29
THREE OPERATING PROBLEMS MENTIONED MOST FREQUENTLY BY CENTER DIRECTORS

Problems	Center Directors (n=12)
Inadequate or limited resources	50%
Inadequate facility or equipment	33%
Staffing problems	50%

TABLE 1.30
MAJOR PROBLEMS IN CENTER-PARENT RELATIONS

Problem Areas	Percent of Directors Mentioning it as Problem (n=12)
Late payment of fees	62%
Late pick-up	29%
Different ideas on discipline	14%
Bringing sick children for care	21%
Lack of notification of absences	29%

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As one private center director expressed the problem,

> "Working mothers in the area make low salaries and cannot afford to pay for the quality of care needed. Overhead costs--staff salaries, equipment replacement, building upkeep, taxes, insurance, food are all to expensive."

The major problems which center directors had in relationships with parents related to center financing problems--29% of the centers had problems with parents who did not notify them of children's absences and 62% had problems with late payment of fees--the highest proportion in the Region (Table 1.30).

1.7.2 Family Day Care Homes

Family day care homes and in-home care situations far more than center care, are built on personal relationships between parents and the child care providers. Parents tend to be directly involved on a daily, informal basis with providers (Table 1.31).

The major source of friction between family day care providers and parents were things which caused the provider inconvenience--late payment of fees, late pick-up of children, not notifying the provider if the child was to be absent.

1.7.3 In-Home Providers

In-home providers are unique in that they care for children from any one family. As a result, relationships between providers and parents usually are close. Fourteen percent of the in-home providers in Idaho are relatives of the children they care for, a smaller proportion than the Regional average, 30% (Table 1.32).

Among the added benefits which a parent receives from an in-home care provider in Idaho are some homemaker-type services: 29% of the caregivers do some light housework--19% cook for the family of the child in care (Table 1.32).

A particular strength of the in-home care settings is the low incidence of parent/provider problems (Table 1.33). Although parents reported considerable difficulty in finding good and reliable in-home providers, once this was accomplished, few were dissatisfied with their in-home situation (Table 1.33).

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TABLE 1.31
A PROFILE OF FAMILY DAY CARE PROVIDERS' RELATIONS WITH PARENTS

61% of the family day care mothers interviewed said they were well acquainted with all of the parents whose children they cared for. Another 32% said they knew some of the parents well, while only 7% felt they knew none of the children's parents.

86% of the day care mothers estimated that they spend from 10-30 minutes each day with the parents of the children they care for. Only 4% do not spend some time with parents each day.

71% of the family day care mothers say they encourage parents to visit, observe and participate in the care of their children.

89% of the family day care providers make a point to discuss their concerns about the child's development or behavior with parents.

The following were the major problems which family day care providers experienced in relations with parents:

	Percent of Providers Naming Problem
Late payment of fees	14%
Late pick-up time	36%
Different ideas in discipline	0
Bring sick children for care	14%
Don't notify if going to be absent	7%
No problems at all	

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TABLE 1.32
A PROFILE OF RELATIONS BETWEEN IN-HOME PROVIDERS AND PARENTS

14% of the in-home providers caring for children with Federal funds are relatives of the children.

71% of the in-home providers care for the children in the parents' own home.

76% of the parents located and hired the in-home provider themselves rather than being referred by an agency.

In addition to their child care services to parents, those providers who work in the parents' home provide the following homemaker-type services routinely: (n=21)

Light housework	29%
Cooking for the family	19%
Heavy cleaning	5%
Laundry and/or ironing	10%

The following were in-home providers' major problems in relations with parents: (n=21)

	Percent of Providers Naming Problem
Late payment of fees	5%
Work hours	5%
Different ideas on discipline	0
Other miscellaneous	5%
No problems	91%

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TABLE 1.33
PARENT SATISFACTION WITH THEIR IN-HOME CARE SERVICES
(n=21)

50% of parents said they were very satisfied with their present in-home sitter services. 25% were satisfied, and 25% were not satisfied.

If you had a choice of types of care for your infants or pre-schoolers, what three types would be your preferences?

	1st	2nd	3rd
1. A sitter in my home (relative)	0	18%	10%
2. A sitter in my home (non-relative)	27%	0	30%
3. Headstart	0	36%	20%
4. A day care setting with more than 12 other children	9%	27%	0
5. A day care setting with fewer than 12 other children	18%	9%	30%
6. Would prefer to stay home and care for my infant/pre-schooler	36%	9%	10%
7. Other	9%	0	0

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Fifty percent of the parents using in-home care in Idaho were "very satisfied" with their situation, while 25%--more than the Regional average--were "not satisfied".

When parents were asked to choose the type of day care out of all possible types they would prefer for their pre-schoolers, the greatest percentage--27% said they would prefer either a relative or non-relative sitter in their own home. The next largest proportion--36% said they would prefer to stay home and care for the infant/pre-schooler.

1.8 SUMMARY OF PROVIDER PROBLEMS

1.8.1 Center Problems

The overriding problem mentioned by day care center directors was a lack of adequate funds to do what they feel should be done in order to provide high quality-care for children. Although the directors' opinions about what constitutes high-quality care differ, a strong concern about quality care was universal.

The lack of money to hire what they feel is an adequate number of staff, or to be able to pay enough to keep good staff members when they have them, frustrated most directors interviewed.

Non-profit centers encounter many problems resulting from their sharing facilities with other organizations; and directors were discouraged by their inability to afford facility improvements and large equipment for these programs.

Many directors mentioned the need for good in-service staff training and more help with developmental aspects of care in their programs. Again, staff time constraints--related to money constraints--stand in the way.

In general center directors were very understanding about the financial problems facing the low and middle income employed parents whose children were in their centers. This sensitivity made the directors' own problems over their inability to afford a more adequate program even more frustrating.

The directors interviewed, whose programs all receive some percentage of their operating expenses from state and Federal sources, did not extend their compassion to the state or

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Federal bureaucracy which consistently made late payments, held up grants, or withdrew formerly available funds.

The unpredictability of funds--from whatever source--is a major stumbling block in the planning and delivery of quality child care.

1.8.2 Home Care Problems

Family day care home providers also mention the unpredictability and inadequacy of income as a major problem, whether the responsibility for payment is the state welfare department's or the parents.

Parent-related problems also caused concern, particularly when parents were not reliable about drop-off or pick-up times, notifying providers when children are to be absent, not supplying adequate clothing or diapers, etc. Generally the family day care providers have children of their own and when the parents of children in care are not reliable, this adds to the provider's burden during her already long day (average 10 hours). The unrelieved 10 hour day of providing child care leaves little enough time for the provider's own errands and family concerns. As suggested earlier, a system of homes with a floating relief staff person would be a great help to these providers in arranging their personal time.

There is a serious need for low-cost liability insurance to be available to all home care providers. The potential for lawsuit against these primarily unprotected providers is very real. Such coverage should be mandatory and made available through a low cost group plan.

The myriad of personal parent problems with which home care providers are faced suggest that there is a need for closer relations between the caseworkers, providers, and parents. Many problems with schedules, late emergencies, child custody battles, etc. must be handled by the provider. There should be a caseworker available to the provider and parent to relieve this burden.

When a provider is not paid because a parent has not reported to work or training or because of state delays in payment, a formal grievance procedure should be available. This procedure should be developed by the states for the benefit of all day care providers who are paid by the state for child care.

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Often home care providers have questions on some aspect of child care or about how to handle certain behaviors. They would like to have some help with these questions, but there is no training or on-the-spot assistance available to them. Few home providers perceive the caseworkers as a resource for questions they have about child care.

In summary, the linkages between the state licensing agency and home care providers are weak. There is little support or assistance given providers after licensing. Areas which need state attention are small business counseling for providers, improved casework services to parents, provider grievance procedures, and provider training.

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